

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED:
APR 23 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0095
Date: 4-29-15
Amount Paid: \$105 4-29-15
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		RANDALL L. ANDERSON		Mailing Address:		34895 S. CTY J		CITY/STATE/ZIP: BAYFIELD WI 54814	Telephone:
Address of Property:		34895 SO. CTY J		CITY/STATE/ZIP:		BAYFIELD WI 54814		Cell Phone:	
Contractor:		LHPKA CONSTRUCTION INC		Contractor Phone:		715-685-0888		Plumber:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:		NONE		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION		NE NE 522.150N. R04W W1/2 W1/2 NE NE NE 338		PIN: (23 digits) 04-006-2-50.04-22.1 01.000-30000		Recorded Document: (i.e. Property Ownership) Volume _____		Page(s) _____	
1/4, _____ 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	
Section 22, Township 50N, N, Range 04W W		Town of: Bayfield		Lot Size		Acreage		2.500	

<input type="checkbox"/> Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	<input checked="" type="checkbox"/> Distance Structure is from Shoreline: 40' (PRIVATE) feet	<input type="checkbox"/> Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	CHANGING ROOF FITCH TO HICKORY FITCH						

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$35,230.21	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>✓ SEWER</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/> with Loft	(X)	
	<input type="checkbox"/> with a Porch	(X)	
	<input type="checkbox"/> with (2 nd) Porch	(X)	
	<input type="checkbox"/> with a Deck	(X)	
	<input type="checkbox"/> with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	(X)	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(X)	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>NEW ROOF, HICKORY FITCH</u>	(X)	121 sq'
	<input type="checkbox"/> Accessory Building (specify) <u>1/2 to 6/12</u>	(X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X)	
Rec'd for Issuance	Special Use: (explain)	(X)	
APR 29 2015	Conditional Use: (explain)	(X)	
Secretarial Staff	Other: (explain)	(X)	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property for any reasonable time for the purpose of inspection.

Owner(s): RR/LL Anderson Date 04/23/15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 34895 SO. CTY J BAYFIELD WI 54814
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

an Spi

- (7) Show an



Please complete

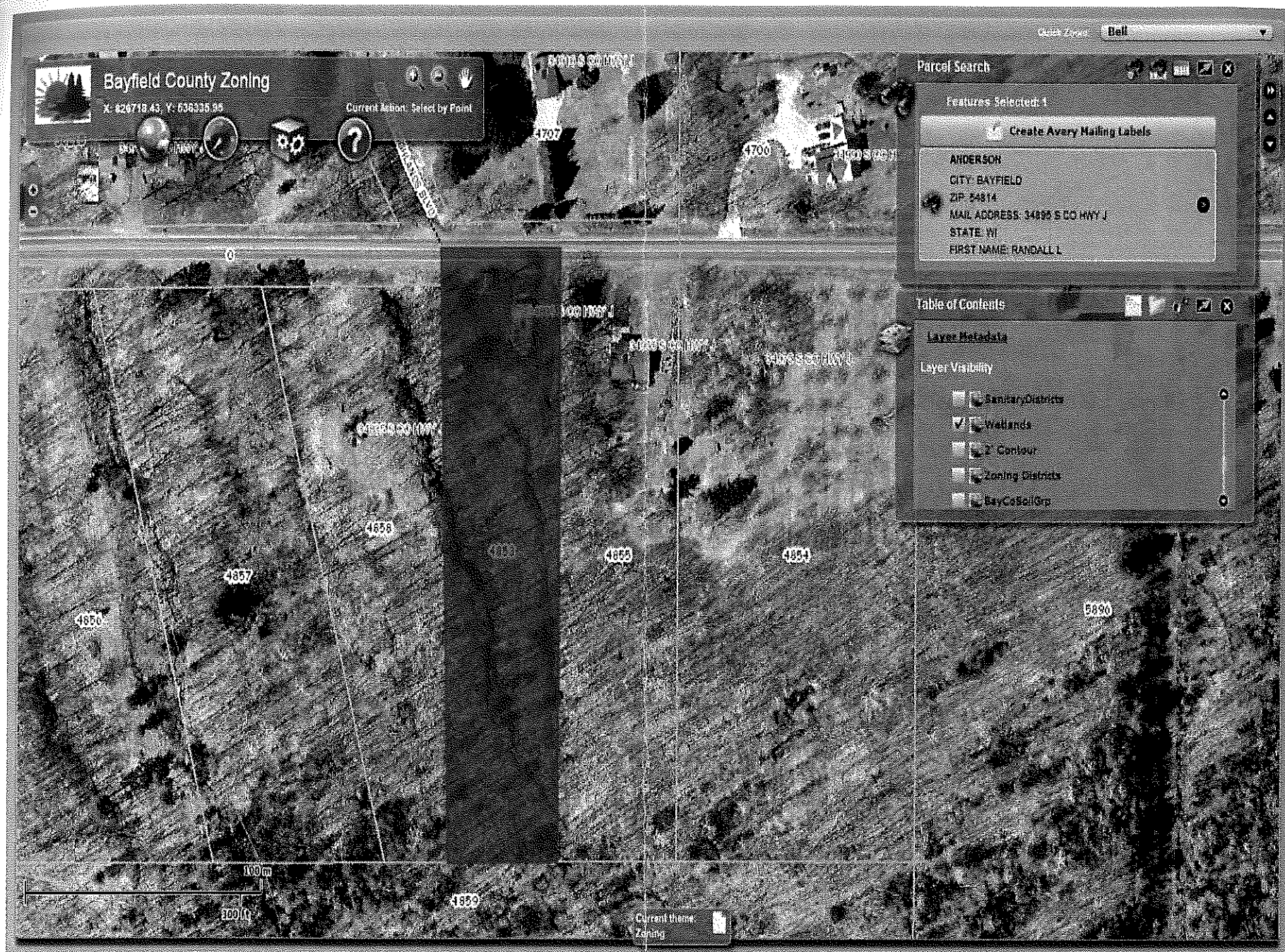
Setback to Privy (Portable, Composting)

marked by a licensed surveyor at the owner's expense..

- (9)

New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The

Hold For Sanitary: ☐



**Bayfield County
Planning and Zoning Department
PO Box 58
Washburn, WI 54891
(715) 373-6138**

BAYFIELD COUNTY, WISCONSIN

APR 20 2015

Bayfield Co. Zoning Dep.

ICAMT.

Permit #:	15-0101
Date:	4-30-15
Amount Paid:	\$95 4-30-15
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

ICAMT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		CHRISTOPHER COX / MELISSA COX		Mailing Address:		15470 FOREST HAVEN LN FARLEO, TX 75035		Telephone: 214-952-3358	
Address of Property:		26700 ENGLE ISLAND RD		City/State/Zip:		BAYFIELD, WI 54814		Cell Phone: 970-832-5350	
Contractor:				Contractor Phone:		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION		PAR IN NW 1/4 NE 1/4 SW NE DEED LN Legal Description: V1091 P. 432		PIN: (23 digits) 04-006-2-SI-05-17-102-000-46000		Recorded Document: (i.e. Property Ownership) 2012R-54588, 1091-432		Volume _____ Page(s) _____	
_____ 1/4, _____ 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page	
Section _____, Township _____ N, Range _____ W		Town of: BAYFIELD		Lot(s) No.		Block(s) No.		Subdivision:	
								Lot Size 2015' x 633'	
								Acreage 25.65	
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If Yes—continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If Yes—continue →		Distance Structure is from Shoreline: _____ feet		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland									

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 21,444	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation		<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction: <i>CHARGE</i>	Length: 30	Width: 32	Height: 9

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
X Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
Commercial Use		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	X	Accessory Building (specify) <u>Garage</u>	(30 X 32)	960
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
APR 30 2015	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	
Secretarial Staff				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
 I (we) declare that the application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application: I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Melissa R Go Date 4/14/15

If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

If you are signing on behalf of the owner(s), a letter of authorization must accompany this application.

Additional comments

Attach

APPLICANT PLEASE COMPLETE PILOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- 1) Show / Indicate: North (N) on Plot Plan
- 2) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- 3) Show: All Existing Structures on your Property
- 4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- 5) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- 6) Show any (*): (*) Wetlands; or (*) Slopes over 20%

SEE ATTACHED DRAWINGS

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	905 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1293 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	879 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	187 Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	401 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	120 Feet	Setback to Well	13 Feet
Setback to Drain Field	140 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

1179 Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 15000		Permit Date: 4-30-15			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (fused/Contiguous Lot(s))	Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		Case #:	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Site well staked & trees cleared.		Inspected by: J. Greenbone Murphy		Zoning District (F-1)	
Date of Inspection: 4-20-15		Inspected by: J. Greenbone Murphy		Date of Re-Inspection: N/A	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)		Building shall not be used for habitation		Signature of Inspector: [Signature]	
Signature of Inspector:		Date of Approval: 4-29-15			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	

(1) Show Low
(2) Show Low
(3) Show Low
(4) Show Low
(5) Show Low
(6) Show Low
(7) Show Low

